Emotional Exhaustion and Turnover Intention among Healthcare Professionals: Mediating Role of Perceived Organizational Support

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Abstract

Healthcare professionals frequently operate in highly demanding environments characterized by emotional strain, heavy workloads, and continuous interaction with patients in critical conditions. Such conditions often result in emotional exhaustion, which may significantly influence employees' intention to leave their organization. The present study examines the relationship between emotional exhaustion and turnover intention among healthcare professionals and investigates the mediating role of perceived organizational support. A descriptive research design was adopted, and data were collected from 286 healthcare professionals working in public and private hospitals in Northern India through a structured questionnaire. Data were analyzed using SPSS and AMOS. The findings reveal that emotional exhaustion has a significant positive impact on turnover intention and a significant negative impact on perceived organizational support. Perceived organizational support partially mediates the relationship between emotional exhaustion and turnover intention. The study highlights the importance of organizational support in reducing emotional strain and improving employee retention. The findings provide important theoretical and managerial implications for healthcare administrators seeking to create supportive work environments that enhance employee well-being and organizational effectiveness.

Keywords: Emotional exhaustion, turnover intention, perceived organizational support, healthcare professionals, employee retention

1. Introduction

Human resources play a crucial role in the effective functioning of healthcare organizations, as the quality of healthcare services largely depends on the commitment, well-being, and performance of healthcare professionals. However, healthcare institutions increasingly face challenges related to employee retention due to high job demands, emotional pressures, and stressful working environments (Aiken et al., 2012; Bakker & Demerouti, 2017). Healthcare professionals frequently encounter emotionally demanding situations, long working hours, and high responsibility toward patient outcomes, which may lead to emotional exhaustion and withdrawal behaviors.

Emotional exhaustion is considered a central dimension of burnout and refers to feelings of being emotionally drained and depleted due to excessive job demands (Maslach & Jackson, 1981; Maslach et al., 2001). Employees experiencing emotional exhaustion often demonstrate reduced motivation, psychological strain, and decreased job involvement, which may increase their intention to leave the organization (Lee & Ashforth, 1996; Leiter & Maslach, 2009).

Turnover intention has emerged as a critical concern in healthcare management because high turnover disrupts service delivery, increases recruitment costs, and places additional workload on remaining staff (Price, 2001; Wright & Bonett, 1992). Previous research suggests that emotional exhaustion significantly contributes to turnover intention, particularly in service-oriented professions where emotional labor is high (Cropanzano et al., 2003; Kim & Stoner, 2008).

Perceived organizational support refers to employees' perception that their organization values their contribution and cares about their well-being (Eisenberger et al., 2002). Organizational support plays an important role in reducing job stress and strengthening employees' psychological attachment

to the organization (Rhoades & Eisenberger, 2002; Allen et al., 2003). When employees perceive strong support from their organization, they are more likely to cope effectively with job demands and less likely to develop turnover intentions.

Despite the growing importance of emotional well-being in healthcare settings, limited empirical research has examined the mediating role of perceived organizational support between emotional exhaustion and turnover intention in the Indian healthcare context. The present study addresses this gap by examining these relationships among healthcare professionals working in Northern India.

2. Literature Review

2.1 Emotional Exhaustion and Turnover Intention

Emotional exhaustion represents the depletion of emotional and psychological resources resulting from prolonged exposure to job stressors (Maslach et al., 2001). According to Conservation of Resources (COR) theory, individuals strive to obtain and maintain resources, and stress occurs when these resources are threatened or depleted (Hobfoll, 2011). Emotional exhaustion reflects such resource depletion and often leads employees to disengage from work and consider leaving their organization.

Empirical studies consistently demonstrate a strong positive relationship between emotional exhaustion and turnover intention (Cropanzano et al., 2003; Portoghese et al., 2014). In healthcare settings, emotionally exhausted employees often experience lower job satisfaction and higher psychological strain, which increases withdrawal behaviors (Brunetto et al., 2014; Zhang et al., 2014). Similarly, research conducted among social workers and healthcare professionals indicates that burnout significantly predicts turnover intention (Kim & Stoner, 2008; Wen et al., 2018).

2.2 Emotional Exhaustion and Perceived Organizational Support

Perceived organizational support reflects employees' belief that their organization values their contributions and provides assistance when needed (Eisenberger et al., 2002). Organizational support serves as an important job resource that can buffer the negative effects of job stress and emotional strain (Bakker & Demerouti, 2017). Employees who

perceive lower levels of support are more likely to experience emotional exhaustion and psychological stress (Demerouti et al., 2014).

Research suggests that supportive organizational practices, including recognition, fair treatment, and supervisor support, reduce emotional exhaustion and enhance employee well-being (Guchait et al., 2015; Halbesleben, 2010). In healthcare environments, perceived organizational support has been shown to mitigate stress and improve employee engagement, thereby reducing burnout symptoms.

2.3 Perceived Organizational Support and Turnover Intention

Perceived organizational support has been identified as a key determinant of employee retention. Employees who feel valued by their organization develop stronger emotional attachment and organizational commitment, reducing their likelihood of leaving (Allen et al., 2003; Meyer & Allen, 1997). Organizational support enhances job satisfaction and trust, which in turn lowers turnover intention (Dirks & Ferrin, 2002; Spector, 1997).

Several studies in healthcare and service sectors confirm that employees perceiving high organizational support demonstrate lower turnover intention despite high job demands (Galletta et al., 2011; Karatepe & Olugbade, 2017). Organizational support therefore acts as a protective mechanism against the negative consequences of workplace stress.

2.4 Mediating Role of Perceived Organizational Support

The Job Demands–Resources (JD-R) model proposes that job resources such as organizational support can reduce the negative impact of job demands on employee outcomes (Schaufeli & Bakker, 2004). Emotional exhaustion may increase turnover intention when employees perceive insufficient support; however, strong organizational support can reduce this effect by providing psychological and social resources.

Previous research indicates that organizational support mediates relationships between workplace stressors and turnover-related outcomes (Avey et al., 2012; Taris, 2006). Therefore, perceived organizational support is expected to mediate the

relationship between emotional exhaustion and turnover intention among healthcare professionals.

3. Hypotheses

Based on the theoretical arguments and empirical evidence presented in the literature review, the following hypotheses were developed for empirical testing. Emotional exhaustion is expected to increase turnover intention, while perceived organizational support is expected to reduce turnover intention and mediate the relationship between emotional exhaustion and turnover intention.

H1: Emotional exhaustion has a positive relationship with turnover intention.

H2: Emotional exhaustion has a negative relationship with perceived organizational support.

H3: Perceived organizational support has a negative relationship with turnover intention.

H4: Perceived organizational support mediates the relationship between emotional exhaustion and turnover intention.
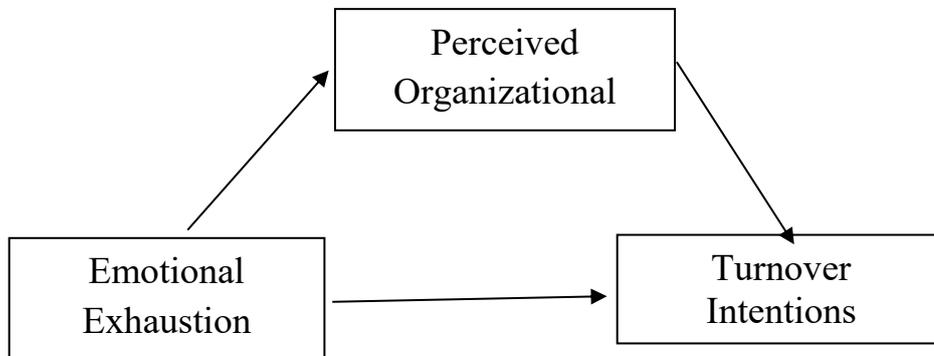
Conceptual Model

Figure 1: Research model for the study

4. Methodology

The present study adopts a descriptive and quantitative research design to examine the relationship between emotional exhaustion and turnover intention among healthcare professionals and to analyze the mediating role of perceived organizational support. A quantitative approach was considered appropriate as it allows systematic measurement of employee perceptions and facilitates statistical analysis of relationships among variables. The study follows a cross-sectional research design in which data were collected at a single point in time.

The study was conducted among healthcare professionals working in selected public and private hospitals of Northern India. The respondents included doctors, nurses, and paramedical staff who were directly involved in patient care and hospital operations. Administrative staff and interns were excluded from the study to maintain homogeneity in the sample.

A purposive sampling technique was used to select respondents who had at least one year of work experience in the healthcare sector. This ensured that participants had adequate exposure to job demands and organizational environment. A total of 320 questionnaires were distributed among healthcare professionals. Out of these, 298 responses were received. After screening for incomplete responses, 286 questionnaires were found suitable for final analysis.

Primary data were collected through a structured questionnaire administered both offline and online. Respondents were assured of confidentiality and informed that the data would be used only for academic purposes. Secondary data were collected from journals, books, and research articles to support the theoretical framework and literature review of the study. All constructs were measured using standardized scales adopted from previous research studies. Emotional exhaustion was measured using seven items adapted from the Maslach Burnout Inventory (Maslach & Jackson,

1981). Perceived organizational support was measured using six items from Eisenberger et al. (2002). Turnover intention was measured using three items adapted from Mobley (1977). All items were rated on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Reliability analysis was conducted using Cronbach's alpha coefficients to assess the internal consistency of the scales. All values exceeded the acceptable threshold of 0.70, indicating good reliability. Data were analyzed using SPSS 23 and AMOS 23. The analysis was conducted in several stages including descriptive statistics, correlation analysis, confirmatory factor analysis, structural equation modeling, and mediation analysis using bootstrapping techniques.

Reliability Analysis

Cronbach's alpha values were calculated to assess reliability of the scales:

Variable	Cronbach Alpha
Emotional Exhaustion	0.88
Organizational Support	0.86
Turnover Intention	0.83

5. Results

Table 1: Demographic profile of respondents

Variable	Category	Frequency	Percentage
Gender	Male	132	46.1%
	Female	154	53.9%
Age	21–30	64	22.4%
	31–40	118	41.3%
	41–50	59	20.6%
	51+	45	15.7%
Experience	<5 yrs	72	25.2%
	5–10 yrs	104	36.4%
	10–20 yrs	66	23.1%
	>20 yrs	44	15.3%

Source: Author's Calculation using SPSS

Table 2 : Descriptive Statistics and Correlation

Variables	EE	POS	TI
Emotional Exhaustion	—		
Organizational Support	-0.41***	—	
Turnover Intention	0.52***	-0.58***	—
Mean	3.62	3.14	3.48
Std. Dev.	0.88	0.91	0.95

***$p < 0.001$

Source: Author's Calculations

Results indicate that emotional exhaustion has a strong positive correlation with turnover intention and negative correlation with perceived organizational support.

Model fit indices indicated good model fit:

Table 3: Structural Equation Modeling Results

Fit Index	Value	Recommended
CFI	0.95	>0.90
TLI	0.93	>0.90
RMSEA	0.06	<0.08
SRMR	0.05	<0.08

Source: Author's Calculations

Table 4: Hypotheses Testing

Path	Beta	p-value	Result
Emotional Exhaustion → Turnover	0.46	0.001	Supported
Emotional Exhaustion → POS	-0.38	0.001	Supported
POS → Turnover	-0.49	0.001	Supported

Source: Author's Calculations

Mediation Analysis

Bootstrapping results showed significant indirect effect:

- Direct effect: 0.46
- Indirect effect: 0.18
- Total effect: 0.64

Perceived organizational support **partially mediated** the relationship between emotional exhaustion and turnover intention.

Descriptive statistics and correlation analysis indicated that emotional exhaustion has a strong positive relationship with turnover intention and a negative relationship with perceived organizational support. Healthcare professionals experiencing higher levels of emotional exhaustion reported stronger intentions to leave their organization and lower perceptions of organizational support.

Structural equation modeling results indicated good model fit. The model fit indices met the recommended threshold values, indicating that the proposed model adequately represents the observed data. Emotional exhaustion showed a significant positive effect on turnover intention and a significant negative effect on perceived organizational support. Perceived organizational support demonstrated a significant negative effect on turnover intention.

Mediation analysis using bootstrapping revealed a significant indirect effect of emotional exhaustion on turnover intention through perceived organizational support. The results indicated partial mediation, suggesting that while emotional exhaustion directly influences turnover intention, organizational support reduces the strength of this relationship. The findings support all proposed hypotheses.

6. Discussion

The findings of the study indicate that emotional exhaustion significantly increases turnover intention among healthcare professionals. Healthcare employees experiencing emotional fatigue are more likely to develop withdrawal behaviors and intentions to leave their organization. These findings are consistent with previous research suggesting that emotional exhaustion leads to reduced motivation, psychological strain, and disengagement from work.

The study also identified a significant negative relationship between emotional exhaustion and perceived organizational support. Employees experiencing emotional strain tend to perceive lower levels of organizational care and recognition. Supportive organizational practices play an important role in reducing emotional exhaustion by providing employees with psychological and social resources necessary to cope with job demands.

Furthermore, perceived organizational support demonstrated a significant negative relationship with turnover intention. Employees who perceive higher levels of organizational support are less likely to leave their organization despite work pressure and emotional demands. The mediation results confirm that organizational support acts as a buffering mechanism that reduces the negative effects of emotional exhaustion on turnover intention.

7. Theoretical Implications

The present study contributes to existing literature by integrating emotional exhaustion and perceived organizational support within a single framework explaining turnover intention among healthcare professionals. The findings support the Conservation of Resources theory by demonstrating that emotional exhaustion represents depletion of psychological resources, which leads to withdrawal behaviors such as turnover intention.

The study also reinforces the relevance of the Job Demands–Resources model by highlighting organizational support as a critical job resource that mitigates the negative impact of job demands on employee outcomes. By examining the mediating role of perceived organizational support, the study extends existing research on burnout and turnover

by providing empirical evidence from the healthcare sector in an emerging economy context.

8. Managerial Implications

The findings of the study have important implications for healthcare administrators and policymakers. Healthcare organizations should focus on developing supportive work environments that reduce emotional exhaustion and enhance employee well-being. Hospitals should implement stress management programs, counseling services, and employee assistance initiatives to help healthcare professionals cope with emotional strain arising from demanding work conditions.

Providing supportive organizational practices such as recognition, fair treatment, and supervisor support can enhance perceived organizational support among employees. When healthcare professionals feel valued and supported by their organization, they are more likely to remain committed and less likely to develop turnover intentions. Management should also ensure adequate staffing levels and workload distribution to prevent excessive job demands that contribute to burnout.

Regular feedback mechanisms and open communication channels should be established to strengthen trust between employees and management. Training programs aimed at enhancing coping skills and emotional resilience can further reduce the negative effects of emotional exhaustion. By focusing on these strategies, healthcare organizations can improve employee retention, enhance service quality, and reduce the costs associated with employee turnover.

9. Limitations and Future Research

Despite its contributions, the study has certain limitations that should be acknowledged. First, the study was limited to healthcare professionals working in selected hospitals of Northern India, which may restrict the generalizability of the findings to other regions or healthcare systems. Future studies may include larger and more diverse samples across different geographical locations to enhance external validity.

Second, the cross-sectional research design limits the ability to draw causal inferences among variables. Emotional exhaustion and turnover intention may change over time; therefore, longitudinal studies are recommended to examine how these relationships evolve during different stages of employment. Third, data were collected through self-reported questionnaires, which may introduce response bias. Future research may incorporate multiple data sources such as supervisor ratings or objective organizational data to improve the robustness of findings.

Future research can also extend the present model by including additional variables such as job satisfaction, work engagement, leadership style, and psychological resilience to develop a more comprehensive understanding of employee retention in healthcare settings. Comparative studies between public and private hospitals may further provide deeper insights into organizational factors influencing emotional exhaustion and turnover intention.

10. Conclusion

The present study concludes that emotional exhaustion is a significant predictor of turnover intention among healthcare professionals. Healthcare employees experiencing higher levels of emotional exhaustion are more likely to consider leaving their organization. Perceived organizational support plays a crucial mediating role by reducing the negative impact of emotional exhaustion on turnover intention.

The findings emphasize the importance of organizational support in promoting employee well-being and retention in the healthcare sector. By creating supportive work environments, providing adequate resources, and addressing emotional strain, healthcare organizations can reduce turnover intention and improve overall organizational effectiveness. Strengthening organizational support mechanisms can therefore serve as an effective strategy for managing emotional exhaustion and ensuring long-term sustainability of healthcare institutions.

References

1. Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2012). Hospital staffing, organization, and quality of care. International Journal of Quality in Health Care, 24(5), 428–436.
2. Allen, D. G., Shore, L. M., & Griffeth, R. W. (2003). Organizational support and turnover

intention. Journal of Applied Psychology, 88(3), 544–556.

3. Avey, J. B., Luthans, F., & Jensen, S. M. (2012). Psychological capital and employee retention. Human Resource Management, 51(5), 677–693.

4. Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory. Journal of Occupational Health Psychology, 22(3), 273–285.

5. Brunetto, Y., Xerri, M., & Nelson, S. (2014). Nurses' emotional exhaustion and turnover intention. Journal of Nursing Management, 22(6), 707–716.

6. Cropanzano, R., Rupp, D. E., & Byrne, Z. S. (2003). Emotional exhaustion and turnover. Journal of Applied Psychology, 88(1), 160–169.

7. Demerouti, E., Bakker, A. B., & Leiter, M. (2014). Burnout and performance. Journal of Occupational Health Psychology, 19(1), 96–107.

8. Eisenberger, R., Huntington, R., & Sowa, D. (2002). Perceived organizational support. Journal of Applied Psychology, 71(3), 500–507.

9. Halbesleben, J. R. (2010). Burnout and work engagement. Journal of Occupational Health Psychology, 15(1), 1–16.

10. Hobfoll, S. E. (2011). Conservation of resources theory. Annual Review of Organizational Psychology, 1, 1–18.

11. Kim, H., & Stoner, M. (2008). Burnout and turnover intention. Administration in Social Work, 32(3), 5–25.

12. Lee, R. T., & Ashforth, B. E. (1996). Burnout meta-analysis. Journal of Applied Psychology, 81(2), 123–133.

13. Leiter, M. P., & Maslach, C. (2009). Nurse turnover and burnout. Journal of Nursing Management, 17(3), 331–339.

14. Maslach, C., & Jackson, S. E. (1981). Maslach Burnout Inventory. Palo Alto, CA: Consulting Psychologists Press.

15. Maslach, C., Schaufeli, W. B., & Leiter, M. (2001). Job burnout. Annual Review of Psychology, 52, 397–422.

16. Meyer, J. P., & Allen, N. J. (1997). Organizational commitment. Sage Publications.

17. Mobley, W. H. (1977). Turnover model. Journal of Applied Psychology, 62(2), 237–240.

18. Rhoades, L., & Eisenberger, R. (2002). Organizational support review. Journal of Applied Psychology, 87(4), 698–714.

19. Schaufeli, W. B., & Bakker, A. B. (2004). Job demands–resources model. Journal of Organizational Behavior, 25(3), 293–315.

20. Spector, P. E. (1997). Job satisfaction. Sage Publications.

21. Taris, T. W. (2006). Job stress and turnover intention. Work & Stress, 20(2), 124–138.

22. Wright, T. A., & Bonett, D. G. (1992). Job satisfaction and turnover. Journal of Organizational Behavior, 13(5), 603–615.

23. Yanchus, N. J., Periard, D., & Osatuke, K. (2017). Turnover predictors. Journal of Psychiatric and Mental Health Nursing, 24(1), 41–56.

24. Zhang, Y., Punnett, L., & Gore, R. (2014). Working conditions and turnover. Journal of Nursing Management, 22(1), 82–90.